Participant must provide all of the information below in English:

1. Participant's c if any:	ontact information, including email address, and that of its counsel,
Participant's Name:	Clara I Hernander Horales
Participant's Address:	Urb. Alganobos # B-11 Calle B Gua
Participant's Email Address:	suvena 1151 @ gmail. com
Name of Counsel:	
Address of Counsel:	Beautiful and the second of th
Email Address of Counsel:	
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	82086
Nature of Claim:	Ley 890
By: Clara &	derhank?
Signature Clara I	Hernander 50 = 50
Print Name	SP 28 PD VED
Title (if Participant is	not an individual)
Date 09/15/	2/

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an Juan P.R. 00 918-1767

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Case:17-03283-LTS Doc#:18283-1 Filed:09/29/21 Entered:09/29/21 08:50:32 Pro se Notices of Participation Page 3 of 77

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel	
Participant's Name: Participant's Address: O. Jad Tardin 3 Calle Flambogen 199	_
Participant's Address: Cuidad Tardin 3 Calla flamboyen 199	TOA A1-
Participant's Email Address: Alan Muz 51 @ 6 mail. Com	-
Name of Counsel:	-
Address of Counsel:	-
Email Address of Counsel:	-
2. Participant's Claim number and the nature of Participant's Claim:	
Claim Number: 175034	- / /
Nature of Claim: Salaries no page dos u otros	benetice a
Ву:	
Signature Munoz Vargas	
Print Name	880
Print Name	
Title (if Participant is not an individual)	6
12 - Seption bie 2021 Date 2021	
Date 2 f.	(7)
Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice	
must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in In re	2
Commonwealth of Puerto Rico, Case No. 17 BK 3283-LTS, through the Court's case filing	

system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's

Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

2021 SEP 28 PM 4: 21
CLERK'S OFFICE
U.S. DISTRICT COUR
SAN JUAN. PK

ALAN MUÑOZ VARGAS Cuidad Jardín III #199 calle Flamboyán Toa Alta, PR 00953

00918-170625

United States District Court Clerk's Office 150 Ave. Carlos Chardón Ste. 150

San Juan, PR 00918-1767

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Case:17-03283-LTS Doc#:18283-1 Filed:09/29/21 Entered:09/29/21 08:50:32 Desc Pro se Notices of Participation Page 5 of 77

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:			
Participant's Name:	Milagros Rodri Box 1262 Togk	quez Hern	andez
Participant's Address:	Box 1262 Togk	7/49 P.R. OC	1954
Participant's Email Address:	, , , , , , , , , , , , , , , , , , ,	***	
Name of Counsel:			
Address of Counsel:			
Email Address of Counsel:	A CANADA LANGA		سبهاط
2. Participant's C	laim number and the nature of	Participant's Claim:	
Claim Number:	17-03283-175	SRF	55923
Nature of Claim:	Fondo Retivo	del Maestr	0
By: Milagros Ro	Origuez Hernárch	ed to be told 100%	21 January Areth
Milagvos Re Print Name	dviquez Hemandez	S.DIST	CETYE
Maesti	Ta	WAX.	
Title (if Participant is	not an individual)	그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그	4 + -
17/9/	202/		2 (2)
Date			

00918-170625 Juan, P.R. 00 918-1767 Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Ofelia Dominguez Perez
Participant's Address: 4313-202 nd Ave NE Sammanish WA 98074
Participant's Email Address: Ofelia. Felly Dominguez @ gmail.com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
Participant's Claim number and the nature of Participant's Claim: Claim Number:
Nature of Claim:
By: Signature Wy Rey Wedney)
OFFLIA DOMINGUEZ PEREZ (de LUGO) Print Name
Title (if Participant is not an individual)
Sept 23/202/ Date

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GLERK'S OFFICE U.S. DISTRICT COUNT SAN JUAN. P. R.

United States District Court, Clerk's Office

OFELIA DOMINGUEZ y/o JOSE LUGO 4313 202ND AVE NE SAMMAMISH, WA 98074

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159 Ave. Carlos Chardon Ste.150 San Juan, PR 00918-1767

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Case:17-03283-LTS Doc#:18283-1 Filed:09/29/21 Entered:09/29/21 08:50:32 Pro se Notices of Participation Page 9 of 77

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
Participant's Name: Myrna Guzman Martinez
Participant's Name: Myrna Guzman Mart, nez Bo. Candelero Arriba HCOZBOX 11313 Participant's Email Address: myrnaguzman 53 Photmail. com Humacorph 00791
Participant's Email Address: myrnaguzman 53 Photmail. com Humacorphi
Name of Counsel:
Address of Counsel: NA (Idon't have any claim)
Email Address of Counsel: I don't have any claims
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: There's no claim
Nature of Claim:
By: Myrna Courné martinez Some one was going to contact me, resarding this confussion.
Myrna Guzna martinez someone was going to contact me, regarding this confussion.
± don't have any claim against
Title (if Participant is not an individual) Title (if Participant is not an individual) any body, so please, let me out of this.; thank you!
Date 8 30 2021 att: hyra Shrai hosts
<u>Instructions for Filing Notice of Participation</u> : If you are represented by counsel, this Notice

must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in In re Commonwealth of Puerto Rico, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

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1051 SEP 28 PH 4: 21

19 de febrero de 2021 Guzman Martinez, Myrna HC02 Box 11313 Humacao PR 00791

Re: Reclamación Núm. 46813 - REQUIERE RESPUESTA/ FAVOR COMPLETAR REQUERIMIENTO DE INFORMACIÓN ADJUNTO

Estimado Guzman Martinez, Myrna

Le escribimos respecto a su(s) Evidencia(s) de Reclamación [*Proof(s) of Claim*], la(s) cual(es) fue(ron) presentada(s) contra **El Sistema de Retiro de Los Empleados** y registrada(s) por Prime Clerk como Evidencia de Reclamación Núm. **46813** (la "Reclamación").

El 4 de enero de 2021 los Deudores transfirieron su Reclamación al Procedimiento de Reconciliación Administrativa de Reclamaciones ("ACR" por sus siglas en inglés, o "Procedimiento"). Esto significa que su Reclamación se resolverá utilizando los procesos administrativos existentes del Estado Libre Asociado de Puerto Rico ("ELA"). En específico, su Reclamación se resolverá por la Administración de Sistemas de Retiro ("ASR") utilizando los procesos de revisión de pensión/retiro, según descrito en la orden autorizando el Procedimiento [Caso Núm. 17-bk-3283, ECF Núm. 12274]¹.

Los agentes y representantes de los Deudores revisaron su Reclamación en conjunto con cualquier documentación suplementaria que usted haya proporcionado. Basado en la información provista por usted, aparenta que su Reclamación solo afirma su derecho a recibir pensión, sin más. Es decir, no surge de su Reclamación que usted dispute o esté impugnando el monto de los pagos de pensión que está recibiendo o que espere recibir en el futuro, al momento de su jubilación. Usted puede determinar el monto del pago de la pensión que la ASR actualmente estima que usted estará recibiendo mediante una consulta de su estado de cuenta de pensión más reciente.

¹ Copias de todos los escritos, alegaciones y mociones están disponibles en la página electrónica de Prime Clerk: https://cases.primeclerk.com/puertorico/.

Los Deudores le envían esta carta para confirmar (1) si usted disputa o no el monto de su pensión; o (2) si usted tiene o no una reclamación independiente contrå la ASR que no esté relacionada con su derecho a recibir pensión. Puede confirmar si usted está cuestionando el monto de su pensión o si tiene una reclamación independiente, completando el encasillado intitulado "Respuesta del Reclamante" en el Formulario de Requerimiento de Información adjunto y enviándolo a la dirección que se identifica más abajo.

En el caso de que usted NO esté cuestionando el monto de su pensión y NO tenga una reclamación independiente en contra de la ASR (no relacionada a su derecho de recibir pensión), entonces la ASR considerará su Reclamación resuelta. Esto, no obstante, no deberá interpretarse como una determinación de que usted no tiene derecho a recibir pensión. Sencillamente implica que el tratamiento de su pensión, se determinará por el plan de ajuste que, en su día, el Tribunal confirme. Si el plan de ajuste propuesto tuviera un impacto sobre el monto de su pensión, usted tendrá la oportunidad de participar en el proceso del plan de ajuste.

En el caso de que usted sí dispute el monto del pago de su pensión, o si tenga una reclamación independiente contra la ASR (que no esté relacionada a su derecho a recibir pensión), favor de seguir las instrucciones en el Formulario de Requerimiento de Información adjunto, y aneje toda y cualquier documentación disponible en apoyo de lo que usted entiende es el monto correcto de su pensión o de su reclamación.

Favor de responder a esa carta en o antes de el 21 de marzo de 2021 enviando el Formulario de Requerimiento de Información adjunto completado, en conjunto con la información y documentación requerida.

Favor de enviar el formulario completado y los documentos en apoyo por correo electrónico a <u>PRACRprocess@primeclerk.com</u>, o por correo, entrega personal, o correo urgente a la siguiente dirección:

Commonwealth of Puerto Rico ACR Processing Center c/o Prime Clerk, LLC 850 3rd Avenue, Suite 412 Brooklyn, NY 11232

Favor de acompañar a su respuesta toda y cualquier documentación disponible a usted que sustente lo que usted entiende es el monto correcto de su pensión o que apoye la reclamación independiente que tenga contra la ASR.

Para mayor información sobre el Procedimiento, los procesos de pensión/retiro, o si usted tiene cualesquiera otras preguntas sobre los casos bajo el Título III, puede contactar Prime Clerk LLC al (844) 822-9231 (sin cargos en Estados Unidos de América y Puerto Rico) o al (646) 486-7944 (para llamadas internaciones), durante el siguiente horario: 10:00 a.m. a 7:00 p.m. (Atlantic Standard Time) (Disponible en español).

Evidencia de Reclamación: 46813 Reclamante: Guzman Martinez, Myrna

FORMULARIO DE REQUERIMIENTO DE INFORMACIÓN

Favor de confirmar si usted disputa o no el monto de su pago de pensión completando el encasillado intitulado "Respuesta del Reclamante" a continuación y siguiente las instrucciones establecidas en el mismo. Envíe este formulario completado y cualquier documentación suplementaria que sustente el monto de su pensión o su reclamación independiente por correo por correo electrónico a PRACRprocess@primeclerk.com, o por correo, entrega personal, o correo urgente a la siguiente dirección: Commonwealth of Puerto Rico ACR Processing Center, c/o Prime Clerk, LLC, 850 3rd Avenue, Suite 412, Brooklyn, NY 11232.

CLAIMANT RESPONSE REGARDING PROOF OF CLAIM NO 46813
Yo/nosotros NO disputamos el monto de mi/nuestra pensión reclamada en el formulario de Evidencia de Reclamación núm. 46813 NI tenemos reclamación independiente contra la ASR, no relacionada con mi/nuestro derecho a recibir pensión. Yo/nosotros entendemos que no hay acción ulterior a ser tomada por la ASR, y que la ASR considerará mi/nuestra reclamación resuelta.
$\underline{\mathbf{O}}$
Yo/nosotros SI disputamos el monto de mi/nuestra pensión reclamada en el formulario de Evidencia de Reclamación núm. 46813 o SI tenemos reclamación independiente contra la ASR porque (provea todo el detalle que sea necesario. Acompañe páginas adicionales si necesario e incluya la documentación suplementaria en apoyo):
Nombre del Reclamante: Myrna Gulma matinez Firma del Reclamante: Myrna Gulma matinez Fecha: 9/7/202/



Proof of Claim: 46813

Claimant: Guzman Martinez, Myrna

INFORMATION REQUEST FORM

Please confirm whether or not you dispute the amount of your pension payment by completing the "Claimant Response" box below and following the instructions laid out in the box. Please return this form and any additional documentation via email to: PRACRprocess@primeclerk.com, or by mail, hand delivery, or overnight mail to: Commonwealth of Puerto Rico ACR Processing Center, c/o Prime Clerk, LLC, 850 3rd Avenue, Suite 412, Brooklyn, NY 11232.

CLAIMANT RESPONSE REGARDING PROOF OF CLAIM NO 46813
I/we DO NOT dispute the amount of my/our pension that I claimed in Proof of Claim No. 46813 and DO NOT have an independent claim against ERS unrelated to my/our pension benefits. I/we understand that there is no further action for ERS to take, and that ERS will consider my claim resolved.
<u>OR</u>
I/we DO dispute the amount of my/our pension that I claimed in Proof of Claim. No. 46813 or DO have an independent claim against ERS unrelated to my/our pension benefits because (provide as much detail as needed. Attach additional pages if necessary, and include any and all supporting documentation.):
Claimant Name:
Claimant Signature:
Date:



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Case:17-03283-LTS Doc#:18283-1 Filed:09/29/21 Entered:09/29/21 08:50:32 Pro se Notices of Participation Page 15 of 77

Participant must provide all of the information below in English:

1.	Participant's if any:	contact information, inclu	ding email address, a	nd that of its	counsel,	
✓ Participant's	s Name:	Agustina	Navarro	Cotto		
Participant's	Address:	P.O. Box 110	6 Cidra	P.R.	007	39
Participant's	Email Address:	SOCKY_navari	or o hotimor	1. com		
Name of Co	unsel:					
Address of C	Counsel:				North Control of the State of t	
Email Addre	ess of Counsel:		~~~~		No. of Control and Control	
2.	Participant's	Claim number and the nat	ure of Participant's C	laim:		
2. Claim Numb		Claim number and the nate 113978, 17566 158534, 15470	3, 1790 71,	17908	73, 17	9019
	per:	113978, 17566	7, 135034	Promes	p 7/2	He II
Claim Numb Nature of Cla	er: aim:	113978, 17566	3, 1790 71, 7, 135034	Promes	p 7/2	He II
Claim Numb Nature of Cla By: Qc Signa	aim: austina 7	113978, 17566 158634, 15470	Pay Ley 1 070. 17	Promes	283 - RECEIV	He II
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CLERK'S OFFICE
U.S. DISTRICT COURS
SAN JUAN, P. 20739

Courts Clerk's Office of United States Distric Court Court Ave. Corlos Chardon Ste. 150

Ave. Corlos Chardon Ste. 150

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SRF 55923

1.

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

ii aliy.	
Participant's Name: Sara Rodrigue Price	V.
Participant's Address: Acoi Boy 13915 Rio Gran	de P.R. Wiles
Participant's Email Address: Pitoo 7031(a) g. mail. com.	
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participant's Claim:	
Claim Number: 178K 3283 - LTS	
Nature of Claim:	61
By: Signature Signature	es ought true.
Sara Rodriguez Aerez	OE CE
Print Name	RECEIVED
Title (if Participant is not an individual) 5/9/2/	& FILED PH 4: 2
Date	No.

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Case:17-03283-LTS Doc#:18283-1 Filed:09/29/21 Entered:09/29/21 08:50:32 Desc Pro se Notices of Participation Page 19 of 77

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

if any: Angélica Navarro Sanchez

Barrio Certenejas, P.O. Box 527 Cidro, P.R. Participant's Name: Participant's Address: Participant's Email Address: julia c gon 07 10 yahoo = com Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: 175626, 178088, 157678, 153136 res, Back Pay Ley Promesa Title Tie Nature of Claim: By: Title (if Participant is not an individual)

J.S. DISTRICT COUR. SAN JUAN PRO P. R. 00739 B. OOS/BUILDING HILLING THE THE

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Case:17-03283-LTS Doc#:18283-1 Filed:09/29/21 Entered:09/29/21 08:50:32 Pro se Notices of Participation Page 21 of 77

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel, if any: Haydee Navarro Cotto ✓ Participant's Name: P.O. Box 1106 Cidra P.R.00739 Participant's Address: Participant's Email Address: 500 Min novarrol & hotorail. som Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: 160038 Nature of Claim: Title (if Participant is not an individual) September 33 2021

CLERK'S OFFICE LS.DISTRICT COUR SAN JUAN. P. 8 C. R. 00739 THE THE WASHINGTON BUTCHEN BUTCHEN TO THE WASHINGTON TO THE WASHIN MEMPHIS TN 380 150

Participant must provide all of the information below in English:

1.	Participant's co	ontact information, including email address, and that of its counse	
Participant's	Name:	PO-Box 702 - Arroyo, P. R. 00 71	101
Participant's	Address:	PO-BOY 702 - Arrogo, P. K.CO 11	7
Participant's	Email Address:		
Name of Cou	insel:		-
Address of C	ounsel:	and the state of t	
Email Addre	ss of Counsel:	- CANADA - C	_
2.	Participant's	Claim number and the nature of Participant's Claim:	
Claim Numb	per:	Mo. 17 BK 3283-LTS	
Signa	ature	Lude Dodrígez	20 70
A i	Name	irado Rodriguez	USVISO
P P Title	lo me 5a (if Participant is	-Title III s not an individual)	
3 Date	augus.		

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Participant must provide all of the information below in English:

 Participant's contact information, including email address, and that of its counsel, if any:
Participant's Name:
Participant's Address: 53 & Mujor Rows Camuy PR 0062
Participant's Email Address: Carmonistis una genzalez @ yahoo. com
Name of Counsel: mysel c
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 17 BK 3283LTS
Nature of Claim: Promesa Title #
By:
Signature And
Print Name
Time Name
Print Name Title (if Participant is not an individual)
5 ept. 7 2021 Date 7 2021

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Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:
Participant's Name: Rivera Otero, Jorge L.
Participant's Address: 0#6 Calle 19 Urb. Flamboyan Gardens
Participant's Email Address: Bayamon, P.R. 100959 jorgerivera ot agmail. Com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 129177
Nature of Claim: Potalic Employee and Pension Retiree Clair
By: Signature
Jorge L. Rivera Otero
Print Name
S.D. C.C.
Title (if Participant is not an individual)
September 23, 2021
Date Date

Jorge L. Kivera Utoro

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San Juan, P.R. 00918-1767

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Torres Rosa Aug	ell
Participant's Address: PAYCEIA NUCVA OL	MPD 487 CALLE CASMITAL 6 UNY
Participant's Email Address: PALCOLA NUCLA	OTIMPO H87 CALLE CALMITAL COM
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature of	Participant's Claim:
Claim Number:	
Nature of Claim:	
By: Jonnes Bosa angoll Signature	
ANGEL TOYLES HOSAL Print Name	
	202) REG
Title (if Participant is not an individual)	RECEIV 2021 SEP CLERK S.DUST SAN
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are carlos charden STE 150 for Juan P. R. 00818-1767 clerk is obbies 150 at United States 178K 3283 LTS.

Marie Marie

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

**	tact information, inclu	iding eman addres	s, and that of	is counsei,
if any:	1 1 7	0 12	D:	* 100 mg
Participant's Name:	P. D. Box	COLON	Rivera	20 00 70 70 7
Participant's Email Address:	naktairolov	THINA D	amail.	com
Participant's Email Address:	VIV-V LOC (Colo	1111111111	J	
Name of Counsel:				The same
Address of Counsel:				
Email Address of Counsel:	e /		2	
2 •	im number and the na		's Claim:	
Claim Number:	4649,	75614		- E
Nature of Claim:	. Colon /x	2		
By: Signature	· (200 /)	wen		
Signature Hartz I.	Colon Ri	1era		7.7
Print Name			SAN	CEIV
			EES 6	
Title (if Participant is no	ot an individual)		24	
			355	
Date				3. 8
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1.

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

Participant's Name:

Participant's Address:

Participant's Email Address:

Calle 9 NE #312 Livib Ruerto Nuevo fan Tuay 00

Participant's Email Address:

Calle 9 NE #312 Livib Ruerto Nuevo fan Tuay 00

Participant's Email Address:

Address of Counsel:

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Nature of Claim:

By:

Signature

Poatric Gual

Print Name

Title (if Participant is not an individual)

Calle 9 NE #312

Calle 9 NE #312

UND PRENTO NUEWO
Son Shap P.R. 00920

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Nevel's Office, 150 San Swan
R. 0918-1767

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Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of if any:	f its counsel,
Participant's Name: Saman lorres lerez	
Participant's Address: HC-03 Box 34292 Cagvas, 1	PR 00725
Participant's Email Address: <u>Samary 2573@gmail.com</u>	
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participant's Claim:	
Claim Number: 17 BK 3283 - LT5	
Nature of Claim: By: Signature Signature Print Name Title (if Participant is not an individual) 16 Sephembre 2021 Date	RECEIVED & FILED

nited States District C lerk's office, 150 Au harden Ste 150.

MINPHLY IN JAC.



Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	V.		
Participant's Name:	Yanira M. Gascot	Marguez	
Participant's Address:	Urb. Estacias R Calle Palacio Ba	eales Buzon	79
Participant's Email Address:	DEG27490 miescuela.	pr	
Name of Counsel:	Prime ClerK LLC		
Address of Counsel:	150 Ave . Carlos Chara	lon Ste. SanJ	uan, P.R 00918-171
Email Address of Counsel:	The same		
2. Participant's	Claim number and the nature of Pa	rticipant's Claim:	
Claim Number:	104502		4
Nature of Claim:	e al fill to the compart will	and the second	
By: Young M. Moses Signature	I maging	S S S S S S S S S S S S S S S S S S S	MECE)
Yanıra M. Go Print Name	ascot Harques		VED & FI
Title (if Participant is	not an individual)	*5	TED TED
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TO H. GOSCOL Marques

Estaman Luxto Reales

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Participant must provide all of the information below in English:

if any:	ontact information, including email address, and that of its counsel,
Participant's Name:	Anastasia Mender mercado
Participant's Address:	20600 calle de Jesus calle de Jains Sander
Participant's Email Address:	anastasia roel 57 @ gmail. Com
Name of Counsel:	THE CONTRACT OF THE PARTY OF TH
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	laim number and the nature of Participant's Claim:
Claim Number:	98193
Nature of Claim:	Publish - empleyee and Pension retiree claim
By: Orastosia	meidy mercado
Signature	Mendez Mercado
Print Name	Mesoez Mesoez Webel VED
Title (if Participant is	not an individual)
17 de se	Atienbre 2021
Date	· ·

20600 Juebradillas, P.R. 00678 11e de Counts Sa States District (office, 150 AVE. Carlos Chardon Ste. 150, San Juan, P.R. 00918-Jandrezz SEP 21 RECEIVED & FILED 2021 SEP 28 PH 4: 19 * THE PLAN er Ksobffice at united THE WES \$85573.131 62S0011204762 00673 US POSTAGE FIRST-CLASS \$0.51 0

Participant must provide all of the information below in English:

	contact information, including email address, and that of its counsel,
if any:	
Participant's Name:	Dona Losado Livera
Participant's Address:	HCOZ Box 6405 Jares P. ROOGE
Participant's Email Address:	conjoivette 7 agmail com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's	Claim number and the nature of Participant's Claim:
Claim Number:	17BK3283-L75
Nature of Claim:	Promesa
By: Jona Spa	ne Do Rivera
Signature	
Donia It	osada Livera
Print Name	ATT SE CIV
	28 ED
Title (if Participant is	s not an individual)
Sept 15	2021
Date '	9

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OR Box WOSLAVES 200669 2021 SEP 28 CLERK'S OFFICE S.DISTRICT COUR SAN JUAN, P.W. Atice, 150 Ave Carlos Chardon Ste. Tuan, P.R 00918-1767 22 SEP 2021 PM 3 MEMPHIS TN 380

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
if any:
Participant's Name: Jonia I Rosado Rivera
Participant's Address: HCO2 Box 6405 Lares P. R 00669
Participant's Email Address: <u>soniaivette 7@ gmail.com</u>
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 17 BK 3283-LTS
Nature of Claim: 17BK 3283 Promeson By: Sound & Brado Riverae
Signature Signature Sonia I Rosado Rivera Print Name
Print Name Title (if Participant is not an individual)
Date

House Box 6405 Jares-P.R. 00669

F. Rosando Rivera

00918-170625

clerk's San Juan, P.K. 00918-1767 Jarlos (hardon Ste. 150

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Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

Participant's Name:

Participant's Address:

Participant's Email Address:

Participant's Email Address:

Address of Counsel:

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Nature of Claim:

By:

Signature

Advelo Gonzolez

Print Name

Title (if Participant is not an individual)

OS-3-21

Date

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Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

ii any:	A
Participant's Name:	anoel Awell Ortic
Participant's Address:	Box 302 sahana sera Pl 00952
Participant's Email Address	: g-alvelo a hotmail.com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	-dustrosext
2. Participant's	Claim number and the nature of Participant's Claim:
Claim Number:	- ex
Nature of Claim:	
By: Gusebolio Signature	2th
AnoelAweloC Print Name	Miz Since the second se
Til (CD vi i vi	
Title (if Participant in Date	s not an individual)

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Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:		
Participant's Name:	Mildred S. Baez	Gonzalez
Participant's Address:	Calle M L-13 Ex	+ Alamar Luquillo P.K
Participant's Email Address:	mildred 756	44@ gmail.com
Name of Counsel:		
Address of Counsel:		
Email Address of Counsel:		
2. Participant's C	laim number and the nature of Pa	articipant's Claim:
Claim Number:	No. 17 BK 3293 - 1	TS
Nature of Claim:	PROMESA	TÍTULO III
By: Mildred S. Bo Signature	aez Dongalez	
Mildred S. Ba Print Name	ez Gonzalez	RECEIVED 2021 SEP 28 COLEME'S 1-S.DISTRIC SAN JULE SAN JULE 1-S.DISTRIC SAN JULE 1-S.DISTRIC SAN JULE SAN JULE 1-S.DISTRIC SAN JULE SAN JULE 1-S.DISTRIC SAN JULE SAN JULE
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Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel, if any:	
Participant's Name: Xelida Baéz Agosto	
Participant's Address: POBOX 2878 Guayna 60 PB . 10976)
Participant's Email Address: <u>Nutricion 02026 (a graail-cou</u>	
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participant's Claim:	
Claim Number: 17BK 3283-LTS	
Nature of Claim: Sointly Administered	
By: Velida Baez agart Signature	
Nelidabnez Agosto Print Name	
Prones III	7071 0
17 Septiembre 2021	00 000

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Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

ii any:
Participant's Name: John Who Wald Rous
Participant's Name: Julio Ula Comado Racuos Participant's Address: 55 Valle Escondido, Cogywako, P.R. 0091/ Participant's Email Address: Julio Waldowado 1961 Q hot mail com
Participant's Email Address: Wio. Waldowood 1961 @ hot mail. com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim: 17-6/3283-LTS Nature of Claim. Nature of Claim. Outlowers 20; Plate. swd swd. Combulcacines Signature Signature
Print Name Participant Title (if Participant is not an individual) Date

CLEAK'S OFFICE IS. DISTRICT COURT SAN JUAN, PA

10010-1-01000

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Participant's Name:

Participant's Address:

Participant's Email Address:

Participant's Email Address:

Participant's Email Address:

Participant's Claim number and the nature of Participant's Claim:

Claim Number:

17 BK 3283-175

Nature of Claim:

Employees Retirement System

Signature

Morma T. Gonzales Reyes

Print Name

Title (if Participant is not an individual)

16 Septiembre 2021
Date

P.R. 00918-1767 Chardon Ste. 150 ENTERIO TO USE

1.

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

if any: William Sandoval Participant's Name: amas, PRO0725 U.D. El Retmo Ca Buzch Participant's Address: Participant's Email Address: Sandove Doque rene Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim By: Print Name Title (if Participant is not an individual) Date

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Jum 18R 00918-1767

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name: Samuel Weiss man	
Participant's Address: 7379 East Vaguers Dr. Scotts	sdale, AZ 85258
Participant's Email Address: <u>docsam 189 e aol. Com</u>	
Name of Counsel:	005 5 5 <u>5</u>
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participant	t's Claim:
Claim Number:	
Nature of Claim: Loss of investment By: Signature Samuel Weissman Print Name	TIELEN'S OFFICE SAN JUAN, PI
Title (if Participant is not an individual) 9 15 21 Date	8 E

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uan, PR 00918-1767



Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any:	
Participant's Name:	Elisa Reyes Rodriguez
Participant's Address:	P.O. Box 2335 Coamo, Puerto Rico 00769
Participant's Email Address:	
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	17 BK 3283 - LTS
Nature of Claim:	All the laws I have the right to.
By: Keline Ruy. Signature	Rodriguez
Elisa Reyes Print Name	×∞, 7 ₹ %.
Title (if Participant is	not an individual)
September 21 Date	, 2021 E

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S. DISTRICT COURS SAN JUAN, 19 4

Elisa Reyes Radriguez P.D. Box 2335 Loamo, Pyerto Rico 00769

mited States District Court, Clerk's Office

50 Chardon Ste

San Juan, Duerto Rico 60918 - 1767

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Case:17-03283-LTS Doc#:18283-1 Filed:09/29/21 Entered:09/29/21 08:50:32 Desc:

Pro se Notices of Participation Page 63 of 77

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:	MIGNALIS DIAZ MONTAÑEZ
Participant's Address:	HC-03 BOX 9519 COMERIO, PUERTO RICO 00782
Participant's Email Address:	mignalis@hotmail.com diazmmi@de.pr.gov
Name of Counsel:	NONE
Address of Counsel:	NONE
Email Address of Counsel:	NONE
2. Participant's C	laim number and the nature of Participant's Claim:
Claim Number:	168118
Nature of Claim: By: Mignel Signature	ALARY, STEPS BY EXPERIENCE YEARS WITHOUT INCREASE TEACHER CAREER
MIGNALIS DIAZ N	· · · · · · · · · · · · · · · · · · ·
	not an individual) RECEIV
Title (if Participant is r	not an individual)
AUGUST 30, 2021	JUAN 28
Date	585/2 1

<u>Instructions for Filing Notice of Participation</u>: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

9

MIGNALIS DIAZ MONTAÑEZ HC-03 BOX 9519 COMERIO, P.R. 00782

CODim-170m2M

UNITED STATES DISTRICT COURT CLERK'S OFFICE 150 AVE. CARLOS CHARDON STE. 150 SAN JUAN, P.R. 00918-1767

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Case:17-03283-LTS Doc#:18283-1 Filed:09/29/21 Entered:09/29/21 08:50:32 Desc: Pro se Notices of Participation Page 65 of 77

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel, if any: HC5 BOX 5844 Sugna Diar PR 00795_9768 Participant's Name: Participant's Address: Participant's Email Address: Luzgardy-10 hotmail- Com Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. 783138 -) 80998 178K 03283-LTS The Commonwealth of Puerto Rico owes me money based on the following laws: 100 - H 1/2 how 158_1999, Law 96-2 7 law 164-2003 Title (if Participant is not an individual)



ESTADO LIBRE ASOCIADO DE PUERTO RICO DEPARTAMENTO DE SALUD PROGRAMA SERVICIOS SALUD CORRECCIONAL

CERTIFICACION DE EMPLEO Y SUELDO

Por la presente certificamos que la persona a continuación es empleada del Programa de Servicios de Salud Correccional:

: LUZGARDY SALDANA GONZALEZ

SEGURO SOCIAL

: FC. TRAT. PSICOSOCIAL IT

PUESTO - \$1,177.00 DIFFERENCIAL \$284.00 SUELEDO PERISUAL

; REGULAR

STATUS

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Estado Libre Asociado de Puerto Rico DEPARTAMENTO DE CORRECCIÓN Y REHABILITACIÓN

CERTIFICACION

Certifico que *Luzgardy Saldaña González*, número de seguro social XXX-XX-6443, trabajó para el Departamento de Corrección y Rehabilitación, desde el <u>15 de marzo de 2002 hasta el 31 de julio de 2002</u>, fecha en que finalizó su nombramiento transitorio. Ocupó un puesto transitorio como *Maestra*.

Devengaba un salario mensual de \$1,600.00 y recibía un bono equivalente al 9.375% del sueldo hasta un máximo de \$750.00.

En San Juan, Puerto Rico, hoy 25 de octubre de 2013.

Certifico correcto,

Shirley Sierra Castellanos

Especialista en Recursos Humanos

/plr

DEPARTAMENTO DE EDUCACION

Estado Libre Asociado de Puerto Rico

Secretaría Auxiliar de Recursos Humanos

ATT: SRM

17 de marzo de 2016

CERTIFICACION

Certifico que

Seguro Social

Categoría

Distrito Escolar

Sueldo Mensual

Status

Observaciones

Trabaja

Cesó

Renunció

Otros

LUZGARDY SALDAÑA GONZALEZ

MAESTRO EDUC.ESPECIAL (K-12)

PONCE

\$2,610.00

PERMANENTE

Desde el 1 de agosto de 2002 hasta el

presente.

N/A

N/A

Ha prestado servicios para este

Departamento por un período de 13

años.

Cándida R. Chico

Supervisora Archivo Docente



ESTADO LIBRE ASOCIADO DE PUERTO RICO ADMINISTRACIÓN DE CORRECCIÓN PROGRAMA SERVICIOS SALUD CORRECCIONAL

1 de mayo de 2009

A quien concierna:

Certifico que Luzgardy Saldaña González, con Seguro Social XXX-XX-6443 laboró para el Programa de Servicios de Salud Correccional desde el 1 de julio de 1994 hasta el 15 de marzo de 2002.

De acuerdo a los documentos obran en la copia del expediente de personal que custodia la Oficina de Recursos Humanos, la señora Saldaña ocupó en el servicio público los siguientes puestos:

Técnico de Tratamiento Psicosocial I

1/abril/87 al 30/junio/89

Transitorio

Departamento de Salud

Secretaría Auxiliar de Salud Mental, Retardación Mental

2. Técnico de Tratamiento Psicosocial I

1/julio/89 al 31/agosto/91

Regular

Departamento de Salud

Secretaría Auxiliar de Salud Mental, Retardación Mental

3 Técnico de Tratamiento Psicosocial I

1/septiembre/91 at 15/octubre/91

Regular

Departamento de Salud

Secretaría de Aux. Med. Prev. y Fam., Prog. Retardación Mental

4. Técnico de Tratamiento Psicosocial II

16/octubre/91al 30/junio/94

Regular

Departamento de Salud

Secretaría Auxiliar de Salud Mental, Prog. Salud Mental Correccional

5. Técnico de Tratamiento Psicosocial II

1/julio/94 al 15/marzo/02

Regular

Departamento de Salud

Programa Salud de Salud Correccional

De necesitar información adicional favor de comunicarse con la que suscribe al teléfono (787) 774-3344, extensión 6411.

Dada en Guaynabo, Puerto Rico hoy 1 de mayo de 2009, a petición de la señora Saldaña

Cordialmente,

Isa Y. Mercado Rodríguez

Oficial de Personal

IMR/



SRF 55923

1.

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

if any:
Participant's Name: CWZ GUZMAN, TENDORO
Participant's Address: Ulbs Volla Haddel Callet 9 G-10, Gamo P. R.
Participant's Email Address: CLUZ teodolo 36 Rgmall-com.
Name of Counsel: Scalo Edgardo Santing Cloress
Address of Counsel: 1925 Bodeline Wis A. Ferre Policy
Email Address of Counsel: ESCAW2000 NAHOD, COM. 00728.
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 28289 (17BK3283-LTC)
Nature of Chaim: ~ Employees Rethement System of the
By: Fed Cal Governort of the Commonweath of Par
Signature
Teadow (wr (yena)
Print Name
Title (if Participant is not an individual)
14/Septembre home.
Date /

IF YOUR CLAIM IS LISTED HERE, ONE OR MORE OF THE DEBTORS ARE SEEKING TO DISALLOW YOUR CLAIM FOR THE REASON LISTED BELOW.

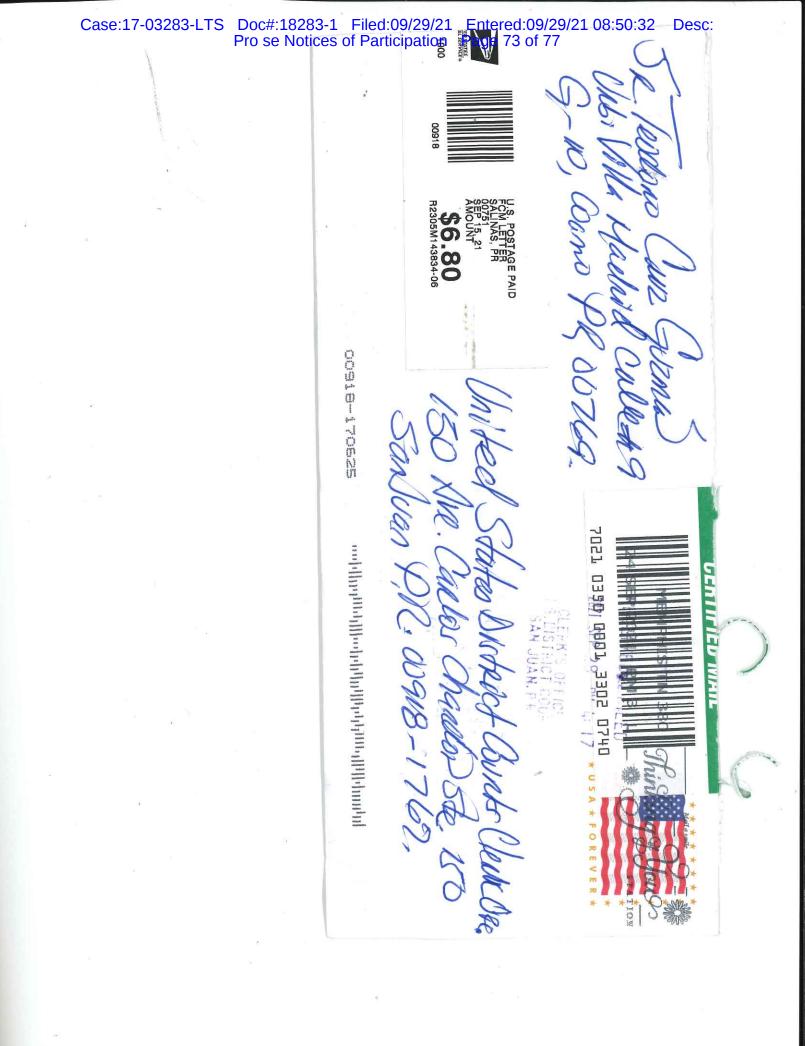
NAME	CLAIM#	DATE FILED	DEBTOR	ASSERTED CLAIM AMOUNT		
Cruz Guzman, Teodoro	28289	5/29/2018	Employees Retirement System of the	\$300,000.00		
			Government of the Commonwealth of			
			Puerto Rico			
Reason:	Proof of Claim and supporting documentation assert liabilities associated with a disability pension. However, pursuant to Act 106, the Commonwealth, and not ERS, is responsible for payment of disability pensions.					

SI SU RECLAMO ESTÁ INCLUIDO LQUÍ, UNO OLLÍGIO INDICADA AQUÍ ABAJO.

NOMBRE	N.º DE RECLAMACIÓN	FECHA DE PRESENTACIÓN	DEUDOR	MONTO DE LA RECLAMACIÓN ALEGADA
Cruz Guzman, Teodoro	28289	5/29/2018	Employees Retirement System of the Government of the Commonwealth of Puerto Rico	\$300,000.00
Base para:	La Evidencia de reclam Sin embargo, de acuer discapacidad.	o y la documentación de do con la Ley 106, el Esta	respaldo invocan obligaciones asocia do Libre Asociado, y no el ERS, es res _l	das con una pensión por discapacidad. consable del pago de las pensiones por

Copies of the Omnibus Objection and all other filings in the Title III Cases are available free online at https://cases.primeclerk.com/puertorico. If you have questions, please contact Prime Clerk LLC at (844) 822-9231 (toll free for U.S. and Puerto Rico) or (646) 486-7944 (for international callers), available 10:00 a.m. to 7:00 p.m. (Atlantic Standard Time) (Spanish available).

Copias de la Objeción global, y todos los escritos radicados en el marco de las causas conforme al Título III, están disponibles, de manera gratuita, en https://cases.primeclerk.com/puertorico. Si tiene alguna pregunta, comuníquese con Prime Clerk LLC llamando al (844) 822-9231 (número gratuito para Estados Unidos y Puerto Rico) o (646) 486-7944 (para llamadas desde el extranjero), disponible entre las 10:00 a.m. y las 07:00 p.m. (AST) (hablamos español).



Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

II ally.	
Participant's Name: Ernes to Ortega Her	nandez
Participant's Address: <u>Be74 Bay 5532, War</u>	anjito P.R. 00719
Participant's Email Address: ada 3188 Damail. com	- Ville Sile Las
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature of Partici	pant's Claim:
Claim Number: 17 BK 32 83 -LTS	
Nature of Claim:	
By: Ernest Oilez Kernánly Signature	7021 S.S.C.
Ernesto Ortega Hernandez	RECEIVED
Print Name	D & P
Title (if Participant is not an individual)	OFFICE AT LED
<u>20 9 20 2 </u> Date	7

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SRF 55923

1.

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name:	Maria I. Davila Rodriquez
Participant's Address:	rb-Valle Arriba C/Acacia #191 - Camof. R. 0076
Participant's Email Address:v	mariaisabel. davila a yahoo com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Clair	m number and the nature of Participant's Claim:
Claim Number:	94875
Nature of Claim:	Vo. 17 BK 3283 - LTS
By: Signature	ula Roduguz
Maria I. Davi	la Rodriquez
Print Name	Wage the design of the Same Same Same Same Same Same Same Sam
Title (if Participant is not	an individual)
18 de septiemb	
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